



HMIS Paper Intake Form

* INTAKE DATE / / * SHELTER BED PRIMARY WORKER

* INFORMATION SHARING LEVEL ☐ Level 1: Share All with HMIS Partners ☐ HIV / AIDS Information
☐ Level 2: Share All, Except as Noted → Exceptions for Level 2 ☐ Domestic Violence Information
☐ Level 3: Do Not Share ☐ Behavioral Health Information

* REFERRED BY (choose one) ☐ Self ☐ Agency (Name)

* FIRST NAME MIDDLE NAME * LAST NAME SUFFIX

ALIAS * BIRTH DATE / / * SOCIAL SECURITY # - - * SSN DATA QUALITY ☐ Full SSN ☐ Don't Know
☐ Partial SSN ☐ Refused

<p>* <u>GENDER</u></p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans-Male <input type="radio"/> Trans-Female</p> <p>* <u>ETHNICITY</u></p> <p><input type="radio"/> Hispanic / Latino <input type="radio"/> Non-Hispanic / Non-Latino</p>	<p>* <u>RACE</u></p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p>	<p>* <u>LAST PERMANENT ADDRESS</u></p> <p>* <u>ZIP CODE</u> </p> <p>CITY / TOWN </p> <p>TOWNSHIP </p> <p>DATE LEFT / / </p>	<p>* <u>ZIP CODE DATA QUALITY</u></p> <p><input type="radio"/> Full Zip Code Recorded <input type="radio"/> Don't Know <input type="radio"/> Refused</p> <p><u>LENGTH OF STAY AT PREVIOUS RESIDENCE</u></p> <p><input type="radio"/> ≤ 1 Week <input type="radio"/> > 1 Week and < 1 Month <input type="radio"/> 1 to 3 Months <input type="radio"/> > 3 Months and < 1 Year</p>
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* RESIDENCE PRIOR TO PROGRAM ENTRY: i.e. Where Did the Client Sleep Last Night? (Check One Only)

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher) | <input type="checkbox"/> Staying or living in a family member's room, apartment or house |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Foster care home or foster care group home |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Room, apartment, or house that you rent |
| <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Apartment or house that you own | <input type="checkbox"/> Refused |

* HOMELESS CAUSE

- | | |
|--|--|
| <input type="checkbox"/> Benefits Loss/Reduction | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Job Income Loss/Reduction | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Asked to Leave a Shared Residence |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Drug / Alcohol Abuse |
| <input type="checkbox"/> Release from Prison /Jail | <input type="checkbox"/> Other |
| <input type="checkbox"/> Release from Hospital | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Release from Psych Facility | <input type="checkbox"/> Not Currently Homeless |
| <input type="checkbox"/> Illness | |

* HOMELESS STATUS

- ☐ At Risk
☐ Homeless (HUD Defined)
☐ Not Currently Homeless
☐ Precariously Housed

* EPISODES OF HOMELESSNESS IN PAST 3 YEARS

- | | |
|-------------------------|----------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 |
| <input type="radio"/> 3 | <input type="radio"/> 8 |
| <input type="radio"/> 4 | <input type="radio"/> 9 |
| <input type="radio"/> 5 | <input type="radio"/> 10 or more |

* MARITAL STATUS

- ☐ Single
☐ Married
☐ Common Law
☐ Divorced
☐ Separated
☐ Remarried
☐ Widow(er)

* INDIVIDUAL / FAMILY TYPE

- ☐ Individual Male
☐ Individual Female
☐ Individual Male – Youth (<18)
☐ Individual Female – Youth (<18)
☐ Single Parent Family – Male Head
☐ Single Parent Family – Female
☐ Single Parent Family – Youth Head
☐ Two Parent Family – Adult
☐ Two Parent Family – Youth
☐ Adult Couple without Children

* NUMBER OF CHILDREN:

CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	CHILD 6
GENDER	GENDER	GENDER	GENDER	GENDER	GENDER
<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Male
<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> Female
AGE	AGE	AGE	AGE	AGE	AGE
<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1	<input type="radio"/> Under 1
<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5	<input type="radio"/> 1 – 5
<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12	<input type="radio"/> 6 – 12
<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17	<input type="radio"/> 13 – 17

*Required Field: Agencies may add more fields, but may not subtract fields.

○=Select Only One; □=Select All that Apply

*** MONTHLY INCOME SOURCES** (Enter Monthly Income in Each Applicable Box)

Amount		Amount		Amount	
Earned Income	\$	Unemployment Benefits	\$	SSI	\$
SSDI	\$	Veteran's Disability Payment	\$	Private Disability Insurance	\$
Worker's Compensation	\$	TANF	\$	General Public Assistance	\$
Retirement Income from SSA	\$	Veteran's Pension	\$	Pension from a former job	\$
Child Support	\$	Alimony or Other Spousal Support	\$	Other: _____	\$
None	\$ 0				

*** NON-CASH BENEFITS**

- | | |
|---|--|
| <input type="checkbox"/> Food Stamps or money for food on a benefits card | <input type="checkbox"/> MEDICAID health insurance program |
| <input type="checkbox"/> MEDICARE Health Insurance program | <input type="checkbox"/> State Children's Health Insurance Program |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, infants and Children (WIC) | <input type="checkbox"/> Veteran's Administration (VA) Medical Services) |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> TANF transportation services |
| <input type="checkbox"/> Other TANF-funded services | <input type="checkbox"/> Section 8, public housing, or other rental assistance |
| <input type="checkbox"/> Other Source | |
| <input type="checkbox"/> None | |

SPECIAL NEEDS

- ☐ Mental Illness
☐ Drug Abuse
☐ MRDD
☐ Domestic Violence
☐ Alcohol Abuse
☐ HIV/AIDS

DOMESTIC VIOLENCE: IF YES, WHEN EXPERIENCE OCCURRED

- ☐ Within the past 3 Months
☐ 3-6 Months Ago
☐ 6-12 Months Ago
☐ More than a Year Ago
☐ Don't Know
☐ Refused

FOR THE FOLLOWING QUESTIONS, PLEASE NOTE IF IT IS EXPECTED TO BE OF LONG-CONTINUED AND INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY:

DRUG / ALCOHOL ABUSE:

- ☐ Yes
☐ No

MENTAL ILLNESS:

- ☐ Yes
☐ No

*** GENERAL HEALTH**

- ☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor
☐ Don't Know

*** DISABLING CONDITION**

- ☐ No
☐ Don't Know
☐ Refused
☐ Yes (not Specified)
☐ Yes, Diagnosable Substance Use Disorder
☐ Yes, Serious Mental Illness
☐ Yes, Developmental Disability
☐ Yes, Chronic Physical Illness or Disability

*** CURRENTLY PREGNANT**

- ☐ Yes
☐ No

DUE DATE

___ / ___ / ___

*** CURRENTLY EMPLOYED**

- ☐ Yes
☐ No

NUMBER OF HOURS WORKED IN PAST WEEK

EMPLOYMENT TENURE

- ☐ Permanent
☐ Temporary
☐ Seasonal

LOOKING FOR WORK

- ☐ YES
☐ No

PRIMARY LANGUAGE

- | | |
|-------------------------------------|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Creole |
| <input type="radio"/> Spanish | <input type="radio"/> Greek |
| <input type="radio"/> French | <input type="radio"/> Italian |
| <input type="radio"/> Chinese | <input type="radio"/> Japanese |
| <input type="radio"/> Arabic | <input type="radio"/> Vietnamese |
| <input type="radio"/> Hebrew | <input type="radio"/> Braille |
| <input type="radio"/> Hindi | <input type="radio"/> Tagalog |
| <input type="radio"/> Russian | |
| <input type="radio"/> Sign Language | |
| <input type="radio"/> Other | |

*** HIGHEST LEVEL OF SCHOOL COMPLETED**

- ☐ No schooling completed
☐ Nursery school to 4th Grade
☐ 5th or 6th Grade
☐ 7th or 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12th Grade – No Diploma
☐ High School Diploma
☐ GED
☐ Post-secondary school

*** CURRENT STUDENT**

- ☐ Yes
☐ No

*** POST-SECONDARY DEGREE**

- ☐ Bachelors
☐ Masters
☐ Doctorate
☐ Other graduate/professional degree

*** RECEIVED VOCATIONAL TRAINING OR APPRENTICESHIP CERTIFICATE?**

- ☐ Yes
☐ No

*** VETERAN**

- ☐ No
☐ Yes
☐ Don't Know
☐ Refused

BIRTH PLACE**CITIZEN**

- ☐ US Citizen
☐ Registered Alien: Alien Registration ____
☐ Undocumented Alien

HOMELESS DURATION

- ☐ 0 - 30 Days
☐ 31 - 60 Days
☐ 61 - 90 Days
☐ 91 -180 Days
☐ More than 180 Days

SERVICES SOUGHT

- ☐ Shelter / Housing
☐ Mental Health Care
☐ Legal Aid - CRJS /Civil
☐ Drug Treatment
☐ Medical Care
☐ Legal Aid - Immigration

Emergency Contact _____ Address _____ Relation _____ Phone _____

*Required Field: Agencies may add more fields, but may not subtract fields.

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